



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0040991

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Moonvoy is a detached two-storey house located in a town but within close driving distance to a city. It can provide full-time residential care for four residents of both genders, over the age of 18 with intellectual disabilities. Each resident had their own en suite bedroom and other rooms in the centre include a kitchen-dining room, a utility room, a sitting room, a living room and staff rooms. Support to residents is provided by the person in charge, a team leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
------------------------------------------------	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 September 2023	08:00hrs to 17:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Four residents were living in this centre, all of whom were met by the inspector. The atmosphere found in the centre on the day of inspection was generally relaxed and sociable with two residents spoken with indicating that they liked living in the centre. Staff and management were found to be pleasant and respectful to the residents.

Upon arriving at the centre, the inspector rang the front door bell and then heard someone calling him from the side of the centre. This was a resident and the inspector introduced himself to the resident and showed the resident his identification. The resident then invited the inspector to enter the centre via a rear door where a staff member was present with two other residents while the fourth resident was in their bedroom. Shortly after the resident who had invited the inspector into the centre left independently to go their job in a supermarket. This was one of two jobs the resident had with the other being in a hardware store.

One of the remaining residents greeted the inspector but seemed to think he was a doctor. The staff member present and the inspector told the resident this was not the case. The inspector then gave the staff member a 'Nice to meet you' document presented in an easy-to-read format which explained who the inspector was and why he was in the resident's home. Soon after the staff member was overheard explaining this document to the resident in their bedroom. After this the resident came out to kitchen-dining room, said thank you to the inspector, gave him a thumbs up and then shook the inspector's hand.

The inspector asked this resident how long they had been living in the centre and they responded "a while". When asked if they liked living in the centre, the resident answered yes but when asked what they liked about living in the centre, the resident did not respond. The resident then went back to their bedroom with the staff member offering to make them breakfast and to help them to get dressed. This offer was declined by the resident who indicated that they were waiting for the person in charge to come. The resident was told by the staff member that the person in charge was coming but was stuck in traffic. After this the staff member went to assist a different resident in their bedroom.

Throughout this time another resident was watching television in the centre's living room. They came into the kitchen-dining room on a few occasions to close a door and to remove some milk from their breakfast cereal. The inspector greeted this resident but they did not engage with the inspector. At one point the inspector went into the living and asked this resident if he could sit down on one of the couches. The resident indicated no to this which was respected by the inspector. At various points during the early stages of the inspection this resident was heard telling a dog that was present in the centre to lie down. This dog was indicated belonged to one of the residents and appeared to spend most of its time in the centre while the

inspection was going on.

As the inspection progressed a second staff member arrived in the centre. They initially greeted one of the residents and told them that the person in charge was stuck in traffic so they had been asked to come and help the resident. The resident then hugged this staff member and the staff member then helped another resident with their breakfast. A resident then came out of their bedroom and seemed teary but was reassured and hugged by this staff member before returning to their bedroom. This resident then agreed to get dressed and closed their bedroom door while doing so at the suggestion of staff.

The one resident who had not been met by the inspector up to this point then came into the kitchen-dining room. They hugged a staff member and then gave them a postcard to read which had been sent to the resident by a relative. The resident was then asked what they wanted for breakfast. As the staff member was preparing their breakfast, this resident asked when the staff member would next be on duty. The staff member told the resident they would be on duty again the day following the inspection. It was then asked by the resident what would be for dinner that day. When the staff member informed the resident that it would be chicken pie, the resident appeared excited by this.

A member of the centre's management then arrived at the centre was greeted by a resident who asked the manager to brush their hair. The manager did this and then was later overheard engaging pleasantly with another resident around their holidays. Other staff members then arrived at the centre and soon after one of the residents left the centre with one staff member to attend their day services in one of the two vehicles provided for this centre. The remaining two residents also left the centre soon in the second vehicle with staff. Some staff then remained in the centre for the purposes of a staff meeting with the person in charge and a team leader for the centre attending the centre for this meeting.

The inspector used much of the remaining time of the inspection reviewing specific documentation and speaking with the centre's staff and management. He also reviewed the premises for the centre. In general, this premises was seen to be presented in a clean, well-furnished and homely manner. Some rooms such as a sitting room was brightly decorated while two resident bedrooms seen by the inspector were personalised. For example, one resident's bedroom had various posters relating to their favourite football team. The inspector did observe though that one communal toilet on the ground floor was missing a toilet seat. The inspector was informed by the person in charge that this had been missing for two days and that this was being addressed.

It was also highlighted that all four residents living in the centre had their own en suite bathrooms so would generally use this toilet while the staff bedroom also had an en suite bathroom. The centre had also been equipped with fire safety systems such as a fire alarm, fire extinguishers and fire doors. Such doors help prevent the spread of smoke and fire in the event of a fire. However, the inspector did observe one door that had a noticeable gap under it which could limit its effectiveness. Aside from fire safety systems, supplies of hand sanitisers were available throughout the

centre but during the early stages of the inspection it was observed that a number of these, amongst other products present, had passed their expiry date. For example, a bottle of hand sanitiser inside the centre's front door had an expiry date on it of July 2020.

Such matters were highlighted to a member of management and it was seen that a number of products were removed immediately and replaced. Despite this at the end of the inspection there still remained some expired hand sanitiser products present including in some bathrooms. All four residents living in the centre had returned to the centre before this point. While one of these residents appeared to briefly leave the centre again to attend a medical appointment in the company of a staff member, the other three residents were observed by the inspector in the communal areas of the centre. Staff were seen to help them with their meals or to offer drinks to the residents given the hot weather on the day of inspection.

Residents generally seemed content and relaxed at this time with one of the residents giving the inspector a thumbs up. The inspector spoke with another of the residents who told the inspector that they liked living the centre because of "the company". This resident told the inspector about their two jobs which they said that they also enjoyed. It was mentioned by the resident that the residents and the staff were having a residents' meeting on the day of inspection and that they had such meetings every Wednesday. When asked by the inspector what they talked about at these meetings the resident indicated that they spoke about topics such as complaints and safeguarding. It was also indicated by the resident that some of these meetings were attended by "the bosses".

This appeared to refer to management of the centre and when reviewing notes of such meetings it was seen that management had attended some residents' meetings. The notes of these meetings indicated that matters such as food, advocacy, outings, fire safety and respecting people's space was discussed with residents. The notes of one such meeting in July 2023 indicated that previous inspections by the Chief Inspector of Social Services was discussed with residents who were informed during the meeting that if they wanted to live in a new house, they could be helped with this. These meeting notes indicated that three of the residents liked or were happy living in their current home with one resident was referred to as being okay with it.

Notes of such meetings also made reference to the house arrangements for the centre or to the house being for everyone. This appeared to be in relation to a change in practice around the locking of a specific door and such matters will be discussed further later on in this report. In some residents' meeting notes it was seen that under a section for "everyone's news" there was reference to the private medical appointments of individual residents. Given that such meetings were communal meetings, the inspector queried if these medical appointments were being brought up by the residents themselves or by staff. Management of the centre indicated that residents would bring these up themselves although one staff member suggested that staff could bring them up in the meetings.

Throughout the inspection the staff members and management present in the centre

were seen and overheard to be very pleasant, respectful and warm in their interactions with residents. This contributed to the atmosphere encountered by the inspector being very sociable and relaxed while he was present. Despite this there were some indications that residents living in this centre could negatively impact one another. Aside from this during the inspection, no locked internal doors in the centre were observed during the inspection and it was indicated that one specific door (between the kitchen-dining room and a hall) which had been raised during two previous inspections in May 2023 had not been locked since then. Such matters will be discussed further elsewhere in this report.

In summary, on the day of inspection, one resident went to one of their jobs while the other three residents went to day services. While residents were present in the centre, things were generally relaxed and sociable. This was contributed to by the interactions between residents and staff/management. Notes of a residents' meeting in July 2023 indicated that residents liked living in the centre, were happy living in the centre or were okay with it. It was indicated to the inspector by two residents that they liked living in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

During the current inspection, there was evidence of improved oversight and management presence in the centre. This contributed to previous concerns around the locking of a particular door not being evident during the current inspection. While additional staff had been put into the centre in recent months, approved waking night was not in place as yet.

This centre had been inspected twice by the Chief Inspector in May 2023. In the first of those inspections particular concerns were raised around the practice of locking of a door between the kitchen-dining room and staff not responding to a resident at night. Prior to the first May 2023 inspection this had not been identified by management of the centre. Given the nature of such concerns a second inspection was carried out five days later where it was found that immediate action had been taken but that these had yet to translate to regulatory compliance. In the compliance plan responses for both May 2023 inspections, the provider outlined the actions that they would take to come back into compliance with the regulations. The latest timeframe for action given in those compliance plan response was 17 August 2023. As such the purpose of the current inspection to assess progress with these actions and to inform a registration renewal decision with the designated centre's current registration due to end in November 2023.

Overall, this inspection found improvement from the May 2023 inspections. As part

of this a new process for the consideration, approval and review of restrictive practices had been introduced by the provider. This process provided for consideration of relevant risks, alternative options to a restrictive practice and the input of a multidisciplinary team before a restrictive practice could be approved for use. This process been had implemented for the relevant door which indicated that the door was to be left open generally and locked only if needed. Based on the findings of this inspection the relevant door was being used in this way and notably there was no indication that this door had been locked since the previous inspection. In addition, were this door to be locked it could only be done so with the express approval of senior management which staff spoken with were aware of. To ensure that a member of senior management could be contacted out-of-hours if required, an on-call system was in operation at such times. Aside from this, management of the centre were also present more in the centre.

This included management attending some resident meetings which was referenced by a resident spoken with by the inspector. The local management team for the centre included the person in charge. At the time of the May 2023 inspection they oversaw the running of this designated centre, another designated centre and a day services operated by the provider. Since then their remit had been reduced and at the time of the current inspection, the person charge only oversaw two designated centres. The person in charge reported to an assistant director of nursing for the provider who was also involved in the management of this centre. This person had completed a provider unannounced visit to the centre which had been done over three days in June and July 2023. This also indicated that management of the centre were more present in the centre to provide oversight while there was evidence that staff working in the centre and the centre's local management had been formally supervised since the May 2023 inspections. Such findings indicated that the provider had responded to the concerns previously identified by the Chief Inspector.

It was noted though that on action expressly stated in the compliance plan responses for the May 2023 was the provider conducting an investigation into how the concerns previously identified occurred without being identified prior to the first May 2023 inspection. This investigation had commenced but was not completed at the time of this inspection. In addition, the provider had indicated that they would assess the need for waking staff to be in the centre. During this inspection it was indicated that approval had given for waking night staff to be the centre but that this was not yet in place. It was highlighted though that recruitment efforts were made to address this and it was acknowledged that there was recruitment challenges affecting the health and social care sector generally. Furthermore, it was highlighted that one resident, who was most likely to up during night hours, needed familiar staff that they could trust given this resident's assessed needs. As such the recruitment of any new staff to fulfil waking night hours would have to account for this. In the interim this resident could call staff via phone at night if required for assistance.

While the provision of waking night staff in the centre was outstanding at the time of this inspection, it was seen though that additional staff had been provided to the centre during day hours. This meant that there was now two staff on duty in the centre weekdays from 3pm to 9pm while some additional staffing hours had also

been allocated at weekends. This was reflected in staff rosters reviewed and was a positive development as it provided for more support and supervision for residents. It was also seen that there had been multiple staff meetings in the centre in recent months, including one on the day inspection. A sample of staff files were reviewed during this inspection that included all of the required documentation including written references, full employment histories and evidence of Garda Síochána (police) vetting. Other records reviewed indicated that staff had undergone relevant training in areas such as safeguarding and providing a low arousal environment. As highlighted earlier in this report, staff on duty were found to be pleasant, respectful and warm in their interactions with residents.

Registration Regulation 5: Application for registration or renewal of registration

While a registration renewal application had been submitted for this centre which included the majority of the required documents, the most recent floor plans submitted only contained part of the centre and clarity was needed as to who the persons participating in management for the centre were.

Judgment: Not compliant

Regulation 15: Staffing

Staff rosters and staff files were being maintained. Additional staffing support had been provided for the house in recent months but approved waking night was not in place as yet.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence that staff had been subject to formal supervision since the May 2023 inspections.

Judgment: Compliant

Regulation 22: Insurance

Evidence was provided that appropriate insurance arrangements were in place for

this centre.

Judgment: Compliant

Regulation 23: Governance and management

A provider unannounced visit had been completed over three days in June and July 2023. This was reflected in a written report that included an action plan for responding to issues identified. The remit of the person in charge had been reduced since the previous inspections and there was evidence of an increased management presence in the centre. An on-call system was in operation to provide out-of-hours managerial support. The overall findings of this inspection found improved compliance levels compared to the May 2023 inspections but an investigation into previous concerns identified had not yet been completed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre and while it contained most of the required information, it required updating in some areas. For example, the recent changes in the person in charge's remit were not accurately reflected.

Judgment: Substantially compliant

Quality and safety

Changes in practices around the relevant door had improved residents' access to their home while an assessment completed indicated that all residents were compatible to live in the centre. There was some indications though that there could be some negative dynamics between some residents.

The locking of between the kitchen-dining room and a hall had been an area of concern identified during the May 2023 inspections of this centre. As highlighted earlier in this report, there was no indication that this door had been locked since which gave all residents full access to communal areas of the centre such as the kitchen-dining room and utility room. The locking of this door was also indicated as being a source of anxiety for one. During the current inspection it was indicated that this resident was much happier with this door being left open. There was also no indication that any requests for assistance at night were going unanswered and it

was emphasised that leaving the door open made things at night much easier generally. During the May 2023 inspections it was indicated that the locking of the door was being done in response and to safeguarding concerns and, partly in response to doing this, the provider undertook to complete a compatibility assessment for the residents living in this centre.

This compatibility assessment had been completed and assessed residents around areas such as personal space, sharing common spaces, enjoyment of activities and interactions. The completed compatibility assessment indicated that residents were compatible in all areas. However, it was indicated that the assessment conducted was based on a template to assess residents who were due to move in together rather than residents who had been living together for some time (as was the case for the residents of this centre). In addition, when reading the compatibility assessment it was read that two residents would need the support of staff to maintain positive relationship and that if either resident was tired or stressed they could get annoyed with each other. Since the May 2023 inspections there had been an increase in safeguarding notifications submitted to the Chief Inspector that involved these two residents. Such instances involved these residents using inappropriate language or shouting. While such instances appear similar in nature, based on communication received from the provider, some of these were deemed to be abusive interactions but others were not. In response a safeguarding plan in place and the inspector was informed that these residents could not be left unsupervised.

In addition, other records reviewed made reference to some instances to a third resident closing (but not locking) a door to a communal area due to a peer "being moody". It was indicated that such instances were contributed to by residents still adjusting to the relevant door no longer being locked and now predominantly remaining open. In response to some of the safeguarding incidents that had occurred it was read that other residents could be encouraged or been brought to go to their bedrooms. Such instances had the potential to impact residents' rights in their home but the inspector was informed that this was being done to prevent any incidents becoming escalated and that residents could remain in a particular room if they wanted to. Aside from this, when reviewed recent daily notes for one resident the inspector noted multiple instances whereby the resident was indicated as commencing their night-time routine when another resident had gone to bed. The inspector queried if either resident was dependant on the other going bed. Management of the centre indicated that this was not the case and highlighted that given their needs, one of the resident could become tired and go to their bedroom early to relax.

However, one staff member spoken with indicated that one of the residents would not do anything until the other resident had gone to their bedroom. The staff member outlined how they felt this was putting pressure on the latter resident but that efforts were made to not let this affect this resident. A second staff member also discussed how they felt one of the residents could try to manipulate things and that other residents might be nervous of them. It was highlighted though that none of the other residents had raised any issues about this and, as highlighted earlier in this reports, all four residents during a residents' meeting were indicated as liking,

being happy or being okay with living in the centre. Ultimately, the findings of this inspection indicated that the changes in practices around the relevant door had improved residents' access to their home. Despite this though there were indication that the dynamics between some residents could have some negative impacts and, while there was a period of adjustment ongoing in the centre, the provider would need to ensure that the rights of residents in their home were not adversely impacted on an ongoing basis.

Regulation 17: Premises

While a toilet seat was missing from one toilet, it was indicated that this was in the process of being addressed and that all residents had their own en suite bathrooms. Overall, the premises was seen to be presented in a clean, homely and well-furnished manner on the day of inspection. It was highlighted by staff though that the mobility of one resident, whose bedroom was on the first floor, was reducing but that they had had no falls and could still manage the stairs. In light of this the inspector was informed that an occupational therapist had recommended that future planning for this resident's needs commence.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place which had most of the required information but needed updating in some area. For example, details of the arrangements for visiting referenced a reception room that was not present in the centre while information about the Confidential Recipient in the guide was outdated.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system in operation for recording and reviewing any incidents occurring in the centre. When reviewing a resident's daily notes the inspector noted that there were some instances recorded in these that were not recorded as incidents despite these appearing to be similar in nature. The inspector was informed that this was related to differences in intensity and that incidents were not logged unless there was a concern for residents' safety. However, when reviewing such daily notes, one entry indicated than an incident had occurred which had the potential to impact to residents' safety. This had not been logged as an incident

report for review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

This regulation was not reviewed in full but during the early stages of the inspection it was seen that there was some expired products in the centre. These included face masks, gowns, antigen tests and hand sanitiser products. While some of these were removed and replaced during the inspection, there remained some expired hand sanitiser products present in the centre at the end of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were present in the centre such as a fire alarm, emergency lighting and fire extinguishers. Fire doors were also present but it was observed that one such door had a noticeable gap under it which could limit effectiveness. Regular fire drills were being conducted in the centre with some drills recording low evacuation times. However, for a night time fire drill carried out in June 2023 it was noted that the evacuation time was longer. This was indicated as being due to issues that a resident had in removing a device they wore at night. While a support plan was put in place for the resident around this, a subsequent night time fire drill completed in August 2023 did not result in a reduction in the evacuation time for the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A clear process was in place for residents' needs to be assessed and for such needs to be reflected in residents' personal plans. Such personal plans were held electronically and reviewing one of these personal plans, it was seen that all information read by the inspector had been reviewed within the previous 12 months.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance was available to support residents to engage in positive behaviour and staff spoken with demonstrated a good awareness of this. Relevant training had also been provided. A new process had been introduced by the provider for the consideration, approval and review of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There was no evidence of staff not responding to any resident seeking care and support nor was a reliance on the use of a restrictive practice to keep residents separated. Additional staffing had been provided at certain times to increase resident supervision. An assessment completed indicated that residents were compatible to live together. However, some matters related to dynamics between residents are addressed under Regulation 9 Residents' rights.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were happening weekly where residents were given information and consulted but the inspector did get some varying information around who brought up residents' private medical appointments during such meetings. A specific door highlighted as a particular concern during the May 2023 inspections had not been locked and was mostly left open since then. This gave residents greater access to all areas of their home. However, the suggestion by one staff member that one resident was being put under pressure to go to their bedroom and instances where residents were encouraged or brought to their bedrooms, indicated that the dynamics between some residents could negatively residents' rights in their home.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moonvoy OSV-0003284

Inspection ID: MON-0040991

Date of inspection: 06/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>All necessary documents will be submitted for the renewal application including floor plans for all parts of the centre. A Personal Information Form will be submitted for all persons participating in management. To be completed by 19th October 2023.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The current arrangement with sleepover staff will remain in place until additional staff are recruited to support the provision of a waking night staff. Waking night staff will rostered by 30th April 2024.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The investigation into previous concerns will be concluded by 30th October 2023.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose will be updated, accurate and submitted to HIQA by 19th October 2023.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The resident's guide will be updated to reflect accurate information and submitted to HIQA by 19th October 2023.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All staff will receive training at the staff meeting on the correct reporting of incidents. To be completed by 30th October 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

All out of date items have been removed and replaced. A stock control checklist for all PPE, antigen tests and hand sanitiser products will be put in place to ensure that items are replaced prior to their expiry date. This will be completed by 30th October 2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The emergency egress plan for the resident in question will be reviewed to ensure timely evacuation from the centre. The door with the gap noted will be replaced. To be completed by 30th October 2023.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is an increase to the supervision and guidance available to staff to ensure that they are proactive in recognising when any resident's rights are not being respected and it has been discussed at staff meetings. If any resident is being pressured into going to bed or leaving an area by another resident, then this is being addressed immediately by staff. The resident identified as causing the concern has had their stress support plan updated to include guidance on how staff distract the person and remind them that they are in a shared area. These updates have been discussed at the October staff meeting. Staff do not discuss resident's private information at residents meetings. Completed 17th October 2023.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	19/10/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2024
Regulation 20(2)(e)	The guide prepared under	Substantially Compliant	Yellow	19/10/2023

	paragraph (1) shall include the procedure respecting complaints.			
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	19/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/10/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	30/10/2023

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/10/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/10/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	17/10/2023

